



Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)

Mr. William A. Prince, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Mr. Prince:

I am pleased to inform you that your request for a new home and community-based waiver, entitled South Carolina Choice, as authorized under section 1915(c) of the Social Security Act, has been approved. This waiver will provide home and community based services to elderly individuals and adults with physical disabilities who, absent the waiver, would require a nursing facility level of care. This waiver has been assigned control number **0405-IP** which should be referenced in all future correspondence relating to this program.

This waiver will offer personal care, personal assistance, care advice, adult day health, and respite services to participating individuals and allow waiver participants to self-direct their supports and services. You also requested waivers of section 1902(a)(1) and 1902(a)(10)(B) of the Social Security Act, which allow you to waive statewideness and comparability of services, respectively. South Carolina has indicated that these waiver services will only be provided to individuals in Spartanburg, Cherokee, and Union counties.

Based on your request of December 3, 2002, in addition to the assurances and supplemental information you have provided, I approve the waiver request cited above for a three-year period effective May 1, 2003. We are approving this waiver based on the fact that estimates of waiver services were based on actual experience under South Carolina's existing waiver that serves persons who are elderly or disabled, and on your assurances that care advisors will continually assess and make sure that the needs of waiver participants are met and will provide all medically necessary waiver services to waiver participants. Should actual utilization of waiver services prove higher than your projections, we stand ready to work with you to amend the waiver to reflect accurate service utilization.

The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	300	\$5,013
2	600	\$5,264
3	900	\$5,527

This approval is subject to your agreement to serve no more individuals than those indicated above. We congratulate you for initiating the concept of a one-time provider agreement and ask that we have an opportunity to review any such agreements and related materials prior to their utilization.

If South Carolina wishes to serve more individuals or make any other alterations to this waiver, a waiver amendment must be submitted for approval. At the end of this three year waiver period, the waiver can be renewed by providing documentation of satisfactory performance and oversight.

We appreciate the cooperation provided by you and your staff in the development of this home and community based services waiver program. We congratulate you on having one of the first waivers approved under the parameters of the *Independence Plus* initiative.

Sincerely,

Mary Jean Duckett, Director
Division of Benefits, Coverage, & Payment

cc: Atlanta Regional Office

g:dbcp/poisa/waiver/South Carolina/approvalSCchoice2.doc